


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90220 048 \*\*\*\*\*50.00

<b>DOCUMENT # L03000026368</b>	
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1. Entity Name  
TOLOSA LLC

Principal Place of Business 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140	Mailing Address 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140
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40116553

2. Principal Place of Business - No P.O. Box # 2144 N.E. 2 <sup>nd</sup> AVE Suite, Apt. #, etc.	3. Mailing Address 2144 N.E. 2 <sup>nd</sup> AVE. Suite, Apt. #, etc.
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05092007 Chg-LLC CR2E083 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 05-0578605	Applied For Not Applicable
Zip 33137	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LASIO, GIANCARLO 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140	7. Name and Address of New Registered Agent Name LASIO, GIANCARLO Street Address (P.O. Box Number is Not Acceptable) 2144 N.E. 2 <sup>nd</sup> AVE City MIAMI FL Zip Code 33137
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Giancarlo Lasio GIANCARLO LASIO 5/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASIO, GIANCARLO 180 NORTHEAST 32 STREET SUITE 106 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASIO, GIANCARLO 2144 N.E. 2 <sup>nd</sup> AVE. MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTIN, ENRICO VIA AMALFI, 17-20128 MILANO, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTINI ZANIERI, ERMELLA VIA MAROSTICA, 36-20146 MILANO, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLI, ROBERTO VIA PRIVATA FATTORIA RICASOLL 18-GROSSETO, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLI, ANTONIO VIA MORO 2 GROSSETO, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIANI, ENTRICO VIA SAN MARCELLINO 25H FIENZE, ITALY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Giancarlo Lasio GIANCARLO LASIO 5/16/07 305-572-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #